

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010916

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1588

1588

FILED APR 5 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b
3 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Luke's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson

c. CITY OR TOWN Lenexa

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
13022 W. 93rd. St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last

Warren Honn Edgington

4. DATE OF DEATH
Month Day Year

March 19, 1962

5. SEX
Male

6. COLOR OR RACE
Cauc.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Feb. 24, 1901

9. AGE (last birthday)
61

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Plant Supt.

10b. KIND OF BUSINESS OR INDUSTRY
Davis Paint Co.

11. BIRTHPLACE (City and state or country)
Olathe, Kansas

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William T. Edgington

13b. MOTHER'S MAIDEN NAME

Rosanna Honn

14. NAME OF HUSBAND OR WIFE

Melba W. Edgington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Mrs. Melba W. Edgington Lenexa, Kansas

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1960 to MAR. 19, '62 and last saw her alive on MAR 19, '62
Death occurred at 4:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John B. Justus M.D.

22b. ADDRESS

4620 Nichols Pkwy
K.C. MO.

22c. DATE SIGNED

3-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

March 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pleasant View Cemetery

23d. LOCATION (City, town, or county)

Shawnee, Kansas

(State)

24. FUNERAL DIRECTOR

Julien-Flaming Funeral Home

ADDRESS

Olathe, Kan.

25. DATE RECD. BY LOCAL REG.

3-20-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

1

2

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11

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DOCUMENT

MEDICAL CERTIFICATION

John B. Justus

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by By me, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Arthur L. Fleming

Licensed Embalmer No. 4560

P. O. Address

Clatke & Sons

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.